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ABSTRACT

This instructional module on confusion and the older adult is one in a block of 10 modules designed to provide the human services worker who works with older adults with basic information regarding the aging process. An introduction provides an overview of the module content. A listing of general objectives follows. Three sections present informative material on each of the three objectives. Topics are the meaning and signs of confusion, causes of confusion, and understanding the need for a proper assessment of individuals displaying signs of confusion and relating to the confused older adult (trust and respect, communication, familiarity with environment, sensory deficits, and companionship). Other contents include a summary and listings of selected readings. (YLB)



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# BLOCK A

## Basic Knowledge of the Aging Process

# MODULE A·8

# Confusion and the Older Adult

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# Elderly Service Workers' Training Project

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CONFUSION AND THE OLDER ADULT

MODULE A.8

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING INDIVIDUALS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE "CONFUSION AND THE OLDER ADULT" MODULE.

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## INTRODUCTION

THE EARLY MORNING SUN FILTERS THROUGH THE BEDROOM CURTAINS. TOM, A RETIRED BUSINESSMAN WAKENS, LOOKS AROUND, AND IS PUZZLED. THE FURNITURE IS DIFFERENT; THERE IS NO CLOCK NEARBY; HE IS LOST. PANICKING, HE SCRAMBLES OUT OF BED AND HEADS FOR THE BATHROOM. HE OPENS THE DOOR AND STEPS INTO ---- THE CLOSET!

IS TOM CONFUSED? HE SEEMS LOST AND HE CAN'T FIND THE BATHROOM. NOTHING TO WORRY ABOUT - HE JUST FORGOT THAT HE HAD MOVED TO A NEW APARTMENT YESTERDAY.

IF IT IS ACCEPTABLE FOR TOM TO MISTAKENLY GO TO THE CLOSET INSTEAD OF THE BATHROOM, WHY IS IT NOT ACCEPTABLE FOR A CONFUSED OLDER ADULT TO DO THE SAME? TOM MAY BE TEASED BY HIS FRIENDS (IF HE ADMITS TO HIS ERROR). THE CONFUSED OLDER ADULT MAY NOT BE TREATED SO KINDLY.

AN OLDER ADULT SUFFERING FROM CONFUSION DIPLAYS INAPPROPRIATE BEHAVIOUR FOR HIS SURROUNDINGS. IT, HOWEVER, MAY OCCUR MORE OFTEN, LAST LONGER, AND INTERFERE WITH ACTIVITIES OF DAILY LIVING.

THIS MODULE IS DESIGNED TO HELP THE PERSON WORKING WITH OLDER ADULTS BECOME AWARE OF CONFUSION. IT EXPLAINS CAUSES AND SIGNS OF CONFUSION; MOST IMPORTANTLY, IT GIVES SUGGESTIONS FOR HELPING THE OLDER ADULT WHO IS EXPERIENCING CONFUSION.

## GENERAL OBJECTIVES

UPON COMPLETION OF THIS MODULE, YOU WILL BE ABLE TO:

(1) DEFINE THE MEANING OF CONFUSION AND BE AWARE OF THE SIGNS OF CONFUSION.

(2) DESCRIBE CAUSES OF CONFUSION.

(3) A. UNDERSTAND THE NEED FOR A PROPER ASSESSMENT OF INDIVIDUALS DISPLAYING SIGNS OF CONFUSION.

B. DESCRIBE WAYS OF RELATING TO THE CONFUSED OLDER ADULT.

THIS SECTION WILL PRESENT TO THE READER THE MEANING AND SIGNS OF CONFUSION.

## THE MEANING AND SIGNS OF CONFUSION

**UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO: UNDERSTAND THE MEANING OF CONFUSION AND BE AWARE OF THE SIGNS OF CONFUSION.**

CONFUSION HAS NO SINGLE DEFINITION. IT REFERS TO A WIDE RANGE OF BEHAVIOURS THAT MAY BE SEEN AS "ECCENTRIC" BY SOME, AND "CONFUSED" BY OTHERS. THERE ARE NO HARD AND FAST RULES. HOWEVER, A GENERAL GUIDELINE FOR DECIDING IF A PERSON MAY BE CONFUSED OR NOT IS TO DETERMINE WHETHER THEIR ACTIONS OR RESPONSES ARE APPROPRIATE TO THE SITUATION? IF THEY ARE NOT, THE PERSON MAY BE CONFUSED.

ANY UNPREDICTABLE BEHAVIOUR COULD BE LABELLED AS A SIGN OF CONFUSION. EVERYONE IS MUDDLED AT SOME TIME IN LIFE. CONFUSION IS CLEARLY A MATTER OF DEGREE. THE CONFUSED PERSON EXHIBITS INAPPROPRIATE BEHAVIORS MOST OF THE TIME AND THESE INTERFERE WITH ONE'S DAILY LIVING ACTIVITIES, SUCH AS BEING UNABLE TO CONCENTRATE AND REMEMBER WHERE ONE IS.

CONFUSION MAY BE TEMPORARY OR PERMANENT; IT MAY CHANGE WITH THE TIME OF THE DAY OR THE SITUATION. IT HAS MANY DIFFERENT CAUSES. REMEMBER, CONFUSION IS A SIGN OF SOMETHING BEING WRONG. IT IS NOT A DISEASE ITSELF.

THE CAUSES OF CONFUSION ARE VARIED. WHATEVER THE CAUSES THOUGH, THERE ARE A NUMBER OF BEHAVIORS THAT ARE COMMON TO THE CONFUSED PERSON.

(1) DISORIENTATION MEANS NOT BEING IN TOUCH WITH TIME OF DAY, DATE, PLACE, AND EVEN IDENTITY;
(2) RESTLESS AND FIDGETY, HAVING A SHORT ATTENTION SPAN;
(3) ANXIETY, AGITATION, FEARFULNESS, BEWILDERED;
(4) OVERTALKATIVE, TELLING RAMBLING STORIES THAT MAY NOT BE TRUE; SEEING OR HEARING THINGS THAT DID NOT REALLY OCCUR;
(5) MEMORY LOSS, EITHER FOR RECENT EVENTS, OR THOSE OF LONG AGO;
(6) MUDDLED THINKING, NOT UNDERSTANDING AND/OR NOT BEING ABLE TO MAKE DECISIONS;
(7) FACIAL EXPRESSION SUGGESTING THE PERSON IS UNSURE, MIXED UP.

REMEMBER, WHAT IS IMPORTANT IS THE DEGREE OF DISABILITY CAUSED BY THE CONFUSION.

THE FOLLOWING SECTION DESCRIBES DIFFERENT CAUSES OF CONFUSION.

## CAUSES OF CONFUSION

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO DESCRIBE CAUSES OF CONFUSION.

THERE ARE MANY REASONS WHY A PERSON DEVELOPS CONFUSION. ONE CAUSE OF CONFUSION COULD BE AN ACTUAL PHYSICAL ILLNESS OR DISEASE, SUCH AS ALZHEIMER'S DISEASE. ON THE OTHER HAND, POOR NUTRITION, AND/OR DRUG REACTIONS CAN INTERFERE WITH ONE'S THOUGHTS AND UNDERSTANDING. FOR THESE NUTRITIONAL AND DRUG RELATED CONDITIONS, THE CONFUSION CAN AT TIMES BE RESOLVED WITH SIMPLE DIETARY ADJUSTMENTS OR MEDICATION. ON THE OTHER HAND, DISEASE ORIENTED CONDITIONS MAY STEADILY WORSEN.

PSYCHOLOGICAL PROBLEMS OF ANXIETY AND DEPRESSION MAY BE TO BLAME FOR THE PERSON'S CONFUSED STATE. OUTSTANDING ACCOUNTS TO BE PAID WITH ONLY LIMITED FUNDS AVAILABLE, OR MOVING TO ALTERNATIVE ACCOMMODATION SUCH AS A RETIREMENT VILLAGE OR PERSONAL CARE HOME ARE ONLY TWO OF THE MANY ANXIETIES FACED BY THE OLDER ADULT. IT IS EASY TO UNDERSTAND THAT DEPRESSION COULD OCCUR IF ONE IS USED TO AN ACTIVE, FULFILLING LIFE AND FINDS HIMSELF/HERSELF LEADING A SEDENTARY LIFE DUE TO THE DISABILITIES CAUSED BY ARTHRITIS OR OTHER ILLNESS.

MANAGING THE BASIC DAILY LIVING ACTIVITIES CAN BE DIFFICULT AND TEDIOUS RESULTING IN A DEPRESSION OVER ONE'S INADEQUACIES. ONE MAY BE AWARE OF HIS/HER OWN CONFUSION; THIS ONLY MAKES THE INDIVIDUAL MORE UPSET AND TENSE. HE/SHE MAY BECOME FRIGHTENED AND WITHDRAW FROM OTHERS; LONELINESS AND ISOLATION WILL THEN INCREASE THE UNHAPPY FEELINGS.

Situational Isolation and lack of daily interactions with friends can result in increased disorientation and other confused behaviours. Rapid and sudden changes in family, home, or health, may leave the older adult feeling lost. Frequently, confusion develops when the person is admitted to a long term care facility resulting from a loss of independence and control over life.

Modern technology, lifestyle and changing world events may make the healthiest person feel "out of touch." Although the events may be themselves minor, their effect can be devastating to the older adult. It is the way one responds and relates to them that is important.

Confusion and old age are not automatic partners. The Module "Psychological Aspects of Aging" explains normal changes in mental functioning; however, fear and anxiety about these changes are often responsible for confusion.

Whatever the causes of confusion, the most important factor is to know how to deal with the confused older adult. The remaining section presents many suggestions on how to help the confused older adult.

THE FOLLOWING SECTION PRESENTS WAYS TO HELP THE CONFUSED OLDER ADULT.

## RELATING TO THE CONFUSED OLDER ADULT

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO: (A) UNDERSTAND THE NEED FOR A PROPER ASSESSMENT OF INDIVIDUALS DISPLAYING SIGNS OF CONFUSION AND (B) DESCRIBE WAYS OF RELATING TO THE CONFUSED OLDER ADULT.

AS ALREADY MENTIONED IN THE DISCUSSION ON THE CAUSES OF CONFUSION, IT WAS INDICATED THAT SOME CONFUSED STATES ARE REVERSIBLE IF PROPERLY TREATED. IF THIS IS TO OCCUR , THE OLDER ADULT NEEDS TO BE ASSESSED BY A HEALTH CARE TEAM WITH EXPERTISE IN GERIATIC CARE. RESOURCES AVAILABLE IN THE COMMUNITY FOR THESE ASSESSMENTS ARE, DAY HOSPITALS AND MUNICIPAL HOSPITALS.

CAREGIVERS NEED HELP TO COPE WITH THE PROBLEMS OF WORKING WITH CONFUSED PEOPLE. ANGER, FRUSTRATION, GUILT AND IMPATIENCE ARE OFTEN FELT BY THOSE WORKING WITH CONFUSED PEOPLE. ONE EXAMPLE OF THIS IS WHEN THE CAREGIVER REALIZES THAT AN OLDER ADULT SUFFERING FROM CONFUSION CAN NO LONGER MANAGE HIS/HER OWN HOME INDEPENDENTLY AND YET HE/SHE REFUSES TO MOVE TO ALTERNATIVE ACCOMODATION. THESE CAREGIVERS CAN FEEL HELPLESS AND HOPELESS, ESPECIALLY IF THEY HAVE KNOWN THE OLDER ADULT FOR SOME TIME AND CAN SEE THEM DETERIORATING.

WORKERS SOMETIMES UNCONSCIOUSLY USE MENTAL ESCAPE METHODS FROM THE STRESS OF WORKING WITH CONFUSED OLDER ADULTS SUCH AS LAUGHING AT THE CONFUSED PERSON, TEASING, IGNORING OR EVEN AVOIDING THEM. SUCH TACTICS ONLY WORSEN THE CONFUSION FOR THE OLDER ADULT AND ARE OF COURSE INSULTING. THE FOLLOWING POINTERS WILL HELP ONE TO COPE WITH THE ACTIONS OF A CONFUSED OLDER ADULT.

(1) TRUST AND RESPECT - BOTH THE WORKER AND CONFUSED PERSON NEED TO FEEL HAPPY WITH EACH OTHER. OLDER ADULTS AND THEIR BELONGINGS DESERVE RESPECT AND A DIGNIFIED APPROACH FROM THE CARE GIVER. "GRAMPS", AND "DAD" ARE UNACCEPTABLE NAMES TO CALL A NON-RELATIVE BY; ONE SHOULD LEARN THE NAME WHICH THE PERSON PREFERS AND USE IT.

(2) GOOD COMMUNICATION - GIVE INFORMATION SLOWLY AND IN SMALL AMOUNTS. GET THE CONFUSED PERSON'S ATTENTION BEFORE TALKING; DO NOT STARTLE HIM /HER. THE MODULE "LISTENING AND THE OLDER ADULT" GIVES MANY TIPS FOR GOOD COMMUNICATION:

- USE A CALM UNHURRIED APPROACH;
- USE EYE CONTACT, GESTURES, AND EXPRESSION TO HELP THE CONFUSED PERSON UNDERSTAND THE MESSAGE;
- CUT DOWN THE BACKGROUND NOISE WHEN TALKING TO A CONFUSED PERSON;
- SPEAK DIRECTLY TO THE CONFUSED PERSON USING A CLEAR MODERATE VOICE. NO SHOUTING PLEASE. THE PROBLEM IS

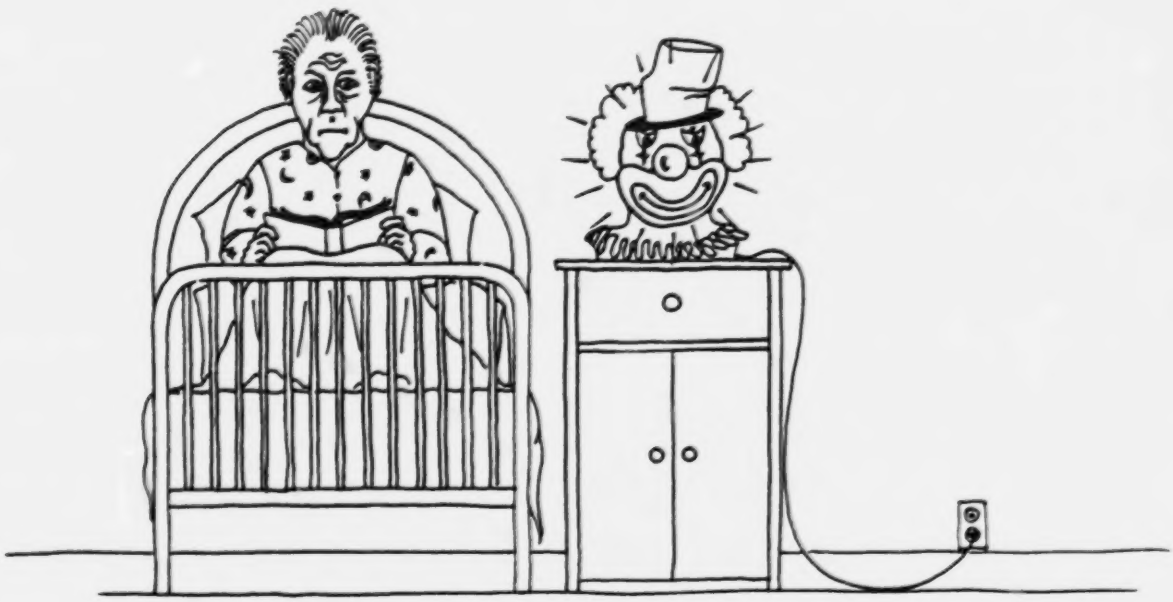
CONFUSION, NOT DEAFNESS.

- ENCOURAGE THE OLDER ADULT TO USE A HEARING AID IF NECESSARY.

(3) FAMILIARIZE THE OLDER ADULT TO HIS/HER AREA - SHOW THE PERSON THE LOCATION OF IMPORTANT PLACES AS OFTEN AS IS NECESSARY. ACCOMPANY HIM/HER TO FREQUENTLY USED SITES AND REPEAT INSTRUCTIONS OFTEN; SHOW NO CRITICISM. TRY TO KEEP HIS/HER AREA CONSTANT - FURNITURE, PERSONAL BELONGINGS AND ROUTINES UNCHANGED.

(4) <u>Poor eyesight</u> - Darkness is frightening to the confused person with poor eyesight. Nighttime confusion is lessened if a night light is used. Remind the person about where he/she are whenever necessary. Be calm, consistent and kind.

- Important places need large and/or bright signs - such as the bathroom or their own room.
- Clocks and calendars with large numbers are easy to read and can be used to remind the confused person about what is happening. (Relate to events in the year/day to day).
- Putting familiar items belonging to the confused person near them help to lessen their lost feelings.
- If eyeglasses are prescribed, encourage the older adult to wear them.



(5) Companionship - Help the confused person to talk with others. Talking about the past and relating it to the present helps the confused person relate to time.

Family members are important, especially to the confused person. They may help the confused person relate to reality. Families need to be encouraged to visit the confused person and also need to know they are valued and needed. They can provide the support and help necessary to cope with the behaviors of their own relatives.

## SUMMARY

OLD AGE AND CONFUSION ARE NOT INEVITABLE PARTNERS. CONFUSION IS THE RESULT OF EXPERIENCING CHANGES TO ONE'S ENVIRONMENT, THOUGHTS, AND HEALTH. SOME CONFUSED STATES CAN BE TREATED AND LESSENED; OTHERS ARE IRREVERSIBLE.

WHATEVER THE TYPE OR SEVERITY OF CONFUSION, THE PERSON DESERVES RESPECTFUL CARE FROM THOSE AROUND THEM. UNDERSTANDING CONFUSION IS THE FIRST STEP TO DEALING WITH IT.

# APPENDIX

## Selected Readings


Burnside, Irene Mortenson. (Ed.) (1981). *Nursing and the Aged*. McGraw Hill Book Company, Toronto, Canada.

Holden, U.P. & Woods, R.T. (1982). *Reality Orientation: Psychological Approaches to the 'Confused' Elderly.*, New York: Churchill Livingstone.

Lincoln, Ruth. (1984). "What Do Nurses Know about Confusion in the Aged?", *Journal of Gerontological Nursing*, 10(8): 26-32.

Mace, Nancy and Rabins, Peter. *The Thirty-six Hour Day* Warner Books.

Zachow, Kathleen M. (1984). "Helen, Can You Hear Me?", *Journal Of Gerontological Nursing*, 10(8):18-22.

## Acknowledgements

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## TITLES OF THE TRAINING PROJECT'S MODULES

### BLOCK A: BASIC KNOWLEDGE OF AGING PROCESS

A.1 PROGRAM PLANNING FOR OLDER ADULTS
A.2 STEREOTYPES OF AGING
A.3 HUMAN DEVELOPMENT ASPECTS OF AGING
A.4 SOCIAL ASPECTS OF AGING
A.5 PHYSIOLOGICAL ASPECTS OF AGING
A.6 DEATH AND BEREAVEMENT
A.7 PSYCHOLOGICAL ASPECTS OF AGING
A.8 CONFUSION AND THE OLDER ADULT
A.9 NUTRITION AND THE OLDER ADULT
A.10 LISTENING AND THE OLDER ADULT

### BLOCK B: CULTURAL GERONTOLOGY

B.1 UKRAINIAN CULTURE
B.1.1 COMMUNICATION AND ADJUSTMENT
B.1.2 COMMUNICATION AND ADJUSTMENT

B.2 GERMAN CULTURE
B.2.1 COMMUNICATION AND ADJUSTMENT

B.3 FRENCH CULTURE
B.3.1 COMMUNICATION AND ADJUSTMENT

B.4 NATIVE CULTURE
B.4.1 COMMUNICATION AND ADJUSTMENT
B.4.2 COMMUNICATION AND ADJUSTMENT

### BLOCK C: WORK ENVIRONMENT

C.1 WORK ENVIRONMENT I

**NOTE:** MOST MODULE'S ARE AVAILABLE IN TWO FORMATS:

A) PRINT FORMAT

OR

B) INTERACTIVE VIDEO (COMPUTER ASSISTED TELEVISION) FORMAT

### RESOURCE MATERIALS:

HANDBOOK OF SELECTED CASE STUDIES
USER'S GUIDE